



**OFFICE OF THE BOARD OF HEALTH**

Town of Arlington

27 Maple Street  
Arlington, Massachusetts 02474

Christine M. Connolly  
Director of Public Health

Tel: 781 316-3170  
Fax: 781 316-3175

**APPLICATION FOR A PERMIT TO OPERATE A  
TEMPORARY FOOD ESTABLISHMENT**

***Person in Charge:***

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

***Establishment/Food Vendor:***

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

***Event:***

Location \_\_\_\_\_ Date \_\_\_\_\_

***Foods:***

List all food/beverages to be served \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Method of keeping food covered during display \_\_\_\_\_

***Potentially hazardous foods – Food thermometers required***

Method of keeping cold food below 41° F \_\_\_\_\_

Method of keeping hot food above 140° F \_\_\_\_\_

Place of preparation (must be a permitted kitchen) \_\_\_\_\_

Method of hand washing/hand sanitizing \_\_\_\_\_

- 
- All food must be covered at all times during display.
  - All food contact services must be sanitized and kept clean at all times.
  - All food must be protected from sunlight to prevent temperature elevation.
  - All food must be stored at least 6 inches off the ground.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**